

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: [REDACTED]	Submission date: 07/27/2016	Contact person (if different than reporter)	Internal ID 1-44610213
Administrative Data	Address: <i>Illinois</i>		Address: <i>- 022</i>	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: <i>New</i>	Location and date of incident <i>Illinois</i> <i>05/28/2016</i>	Date registrant became aware of incident: <i>6/25/2016</i>	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) <i>100-1282</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) <i>S-metolachlor, Glyphosate, Mesotrione</i>	A.I. (s)	A.I. (s)	
	Product 1 Name <i>Halex GT</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation - <i>Liquid</i>	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) <i>Workplace</i>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) <i>See Description Notes</i>	
Incident Circumstances	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>			

Personal privacy information

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6/25/2016 9:03:21 AM Product: Halex GT

HX: The caller is a farmer from illinois and they use our product. They had to clean out the sprayer because it has crystallized some on the inside. They rinsed several times and then he personally got inside part of the tank they couldn't get to. He forgot to wear a mask but he didn't smell anything abnormal. Since about that time, he hasn't felt well for several weeks.

He has gone to the doctor and had blood test and everything came back normal. He has anxiety symptoms. He never had trouble breathing. It was suggested potentially this was due to something chemical.

He is doing better but is tired all the time. It takes more effort for him to do stuff. This has been a stressful year. They put him on anxiety medication and he feels he is on the upswing.

Is there any testing that can be done for this product?

A:

- *The product AI is an herbicide which can cause irritation by all routes. Discuss comes in a concentrate but then when placed in the sprayer, the concentration is significantly reduced.*
- *Discussed with inhalation, would be an acute process of upper respiratory irritation: cough, headache, shortness of breath, difficulty breathing, nausea.*
- *Discuss would expect it to quickly resolve soon after obtaining fresh air.*
- *Would not get into system and there are no tests that I am aware for this. Overall, herbicides have a wide margin of safety.*
- *Highly suspect symptoms due to other cause(s) and recommend to continue to work with doctor.*
- *Discuss they can contact us if have any questions or concerns.*

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Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>Yes</i> If yes, days lost due to illness: <i>0</i>	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects. <i>Lethargy, More than 2 weeks;</i> <i>Other Neurological - anxiety, More than 2 weeks;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-44610213

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